

INDIANA DEPARTMENT OF INSURANCE
BAIL BOND DIVISION
REPORT OF RECOVERY AGENTS EMPLOYED DURING PREVIOUS YEAR

All bail agents are required by Ind. Code § 27-10-3-14 to report the following information to the Indiana Department of Insurance before **October 1st** of each year. Please type or neatly print the information requested, have your signature witnessed in the presence of a notary public, and return the form to the Indiana Department of Insurance, Bail Division, 311 West Washington Street, Suite 300, Indianapolis, Indiana 46204-2787, **before October 1st**.

NAME OF BAIL AGENT: _____

BUSINESS ADDRESS: _____

TELEPHONE NUMBER: _____ LICENSE NUMBER: _____

LIST BELOW ALL RECOVERY AGENTS (LICENSED OR UNLICENSED) YOU HAVE USED SINCE OCTOBER 1st of last year. IF YOU HAVE NOT EMPLOYED OR USED ANY RECOVERY AGENTS, LIST "NONE", SIGN AND RETURN THE FORM.

Please attach additional sheets if necessary.

AFFIRMATION

I affirm, under the penalties for perjury, that the foregoing information is true and correct.

Date

Signature of Bail Agent

Sworn to and subscribed before me this _____ day of _____, 20____

My commission Expires: _____

Notary Public

County of Residence: _____

Printed: _____